

CALIFORNIA STATE EMPLOYEES CHARITABLE CAMPAIGN
2008 Non-Affiliate Application

Please select one:

- ☐ New Applicant
☐ Previous participant

Please select one:

- ☐ Independent Charity
☐ Member of a Federation (complete section E)
☐ Federation (partners with two or more member agencies)

Please print or type all information. If a section does not apply, please write "n/a" in the blank.

A. **LEGAL NAME** (Name must appear exactly as recognized by the I.R.S. on the 501(c)(3) tax-exempt form. If the name does not match, documentation must be submitted to substantiate the use of the name, e.g. Amended Articles of Incorporation etc.)

B. **OTHER NAME** (if the same as the legal name, please write "same") ☐ D.B.A ☐ A.K.A. ☐ Program name

C. **OUR ORGANIZATION MAILING INFORMATION** This address will appear in the brochure (Please select only one)

☐ Please use our Federation address for mailing **rather** than our mailing address.

☐ Please do not release physical address information. (For brochure purposes, either a Post Office Box number or another physical address is required.)

Address

City

State

Zip Code

PHYSICAL ADDRESS (Required. If same as above, write same):

Street

City

State

Zip Code

D. **CONTACT INFORMATION** (The person who will be the **primary** CSECC contact. This information will be posted in the brochure and website.)

Name: _____ Title: _____

Email address: _____ Web address: _____

Telephone number: _____ Fax number: _____

Federal Tax Identification Number: _____

IMPORTANT INFORMATION

1. A copy of the 501(c)(3) documentation **is required**, including a letter from the IRS or other state-issued documentation authorizing any legal name change for new applicants. Documentation must be resubmitted every two years.

☐ A copy of the 501(c)(3) **is** required from your organization for this Campaign.

☐ A copy of the 501(c)(3) **is not** required from your organization for this Campaign.

2. If your organization is not required to submit a copy of the 501(c)(3) but has changed its name within the last year, a copy of the legal documents showing the change is required. **In addition**, if a d.b.a. organization name is new or changed, or if it was *not pre-printed above*, please submit legal documentation supporting the use of the name.

3. Failure to complete every section of the application may result in the application being returned for incompleteness.

FILING DEADLINE
MARCH 1, 2008

Send Completed Applications To:

California State Employees Charitable Campaign
PO Box 48 or 400 R St Ste 500
Sacramento CA 95812 Sacramento CA 95811

E. FEDERATION INFORMATION (members only; please do not complete this section if you are the Federation. If your organization is not a member of a Federation, please write "n/a").):

Federation name

Federation address

Federation City

State

Zip Code:

Federation Contact name, if known

Sample appearance in brochures:

0000 Name of Organization

Phone no. Address

25 Word Description. www.info.com

F. DESCRIPTION OF ACTIVITIES

This information may be included in the 2008 Donor Resource Guides.

New Applicants:

Please provide a statement, no longer than 25 words in length, describing your organization's activities. DO NOT include the name of your organization, your web address or your email in your statement.

Previous Applicants:

If no statement is printed below, please provide a new 25-word description. Modifications to the printed statement may be made by lining out information and writing in the desired wording in the space below or by attaching a separate sheet.

Note: The VCGCB will edit any statement that uses special fonts or exceeds 25 words.

G. AREAS OF SOLICITATION

Please check the box of the California counties where your organization normally solicits contributions. If your organization normally solicits contributions from all California counties, please indicate "statewide" only.

| | | | | | |
|---------------------------------------|--------------------------------------|------------------------------------|--|--|---|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> Glenn | <input type="checkbox"/> Marin | <input type="checkbox"/> Placer | <input type="checkbox"/> San Mateo | <input type="checkbox"/> Sutter |
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Humboldt | <input type="checkbox"/> Mariposa | <input type="checkbox"/> Plumas | <input type="checkbox"/> Santa Barbara | <input type="checkbox"/> Tehama |
| <input type="checkbox"/> Amador | <input type="checkbox"/> Imperial | <input type="checkbox"/> Mendocino | <input type="checkbox"/> Riverside | <input type="checkbox"/> Santa Clara | <input type="checkbox"/> Trinity |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Inyo | <input type="checkbox"/> Merced | <input type="checkbox"/> Sacramento | <input type="checkbox"/> Santa Cruz | <input type="checkbox"/> Tulare |
| <input type="checkbox"/> Calaveras | <input type="checkbox"/> Kern | <input type="checkbox"/> Modoc | <input type="checkbox"/> San Benito | <input type="checkbox"/> Shasta | <input type="checkbox"/> Tuolumne |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> Kings | <input type="checkbox"/> Mono | <input type="checkbox"/> San Bernardino | <input type="checkbox"/> Sierra | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> Contra Costa | <input type="checkbox"/> Lake | <input type="checkbox"/> Monterey | <input type="checkbox"/> San Diego | <input type="checkbox"/> Siskiyou | <input type="checkbox"/> Yolo |
| <input type="checkbox"/> Del Norte | <input type="checkbox"/> Lassen | <input type="checkbox"/> Napa | <input type="checkbox"/> San Francisco | <input type="checkbox"/> Solano | <input type="checkbox"/> Yuba |
| <input type="checkbox"/> El Dorado | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Nevada | <input type="checkbox"/> San Joaquin | <input type="checkbox"/> Sonoma | |
| <input type="checkbox"/> Fresno | <input type="checkbox"/> Madera | <input type="checkbox"/> Orange | <input type="checkbox"/> San Luis Obispo | <input type="checkbox"/> Stanislaus | <input type="checkbox"/> STATEWIDE |

H. AREAS OF SERVICE: Please place a checkmark in the box(es) next to the categories that best describe your activities.

| | | | | |
|---------------------------------------|--|--|--|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Art/Culture/ Entertainment | <input type="checkbox"/> Family And Children's Services | <input type="checkbox"/> Neighborhood Community | <input type="checkbox"/> Social Adjustment |
| <input type="checkbox"/> Advocacy | <input type="checkbox"/> Basic Human Needs | <input type="checkbox"/> Health | <input type="checkbox"/> Philanthropy | <input type="checkbox"/> Special Groups |
| <input type="checkbox"/> Animals | <input type="checkbox"/> Conservation | <input type="checkbox"/> Home Ownership Or Mgmt | <input type="checkbox"/> Safety Services | <input type="checkbox"/> Transportation: |
| <input type="checkbox"/> Armed Forces | <input type="checkbox"/> Education | <input type="checkbox"/> Info & Referral | <input type="checkbox"/> Small Bus. Startup | <input type="checkbox"/> Treatment Centers (Drug, Alcohol, etc.) |
| <input type="checkbox"/> Other | | | | |

CONDITIONS FOR APPROVAL

- A. We agree that any Principal Combined Fund Drive (PCFD) agency approved by the Victim Compensation and Government Claims Board (VCGCB) for the 2008 Campaign may, prior to transmitting to us the contributions designated to our organization, deduct a percentage for the reimbursement of PCFD fundraising and administrative expenses. We understand that the VCGCB-approved percentage rate for this deduction will be published in the Campaign literature distributed by the PCFD to State officers and employees.
- B. **We acknowledge that:**
- 1) This original application form must be **complete** and postmarked no later than the date specified by the VCGCB. A timely submission is necessary to ensure that our organization will, if approved by the VCGCB, be included, by name, in the Campaign literature distributed by the PCFD to State officers and employees.
 - 2) If the VCGCB requests information supporting a certification of eligibility, the information will be furnished promptly. The burden of demonstrating eligibility shall rest with the applicant.
- C. **We certify under penalty of perjury that:**
- 1) We are currently a charitable organization qualified as "exempt" under Section 23701d of the Revenue and Taxation Code and paragraph (3) of subsection (c) of Section 501 of the Internal Revenue Code of 1954; and
 - 2) We are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Government Code section 12900).
 - 3) Our organization, its Board Members and Executive Officers are not in violation of the laws and regulations of the State of California or of the United States. We have read all the questions and the completed application, and to the best of our information and belief, all our answers are true, correct, and complete.
 - 4) We further acknowledge that the Board may elect to decertify an organization which makes a false certification and/or engages in illegal activity after the initial approval.

SIGNATURE

Original Signature of Authorized Officer (blue ink preferred)

Date

Typed or Printed Name of Authorized Officer

Authorized Officer Title

Dates to Remember:

- Filing Deadline March 1, 2008
- Board Member Meeting for approval, May 21, 2008
- Notification of Board Action, 1st week of June, 2008
- State Employee Campaign begins end of September, early October 2008
- Most deductions will begin January 1, 2009

If you should have any questions, please contact **Marilyn Louie:**
(800) 777-9229 or (916) 491-3726 or marilyn.louie@vcgcb.ca.gov.